

Clark County SBOP

SMALL BUSINESS OPPORTUNITY PROGRAM



Application

Business Name:			
# Years in Business:		Located in County District:	(Check One) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G
Owner's Name:	First	Last	MI
Business Address:	Street		Suite/Unit #
	City	State	Zip Code
Business Phone:			
Business Email:			
Website:			

Briefly describe the type of products/services you provide:

Please select the description that applies to your business and if certified:	
<input type="checkbox"/> Minority-Owned Business Enterprise (MBE) Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Local Small Business Enterprise (SBE) <i>(Annual revenue does not exceed \$2,000,000)</i> Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Woman-Owned Business Enterprise (WBE) Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Veteran-Owned Business Enterprise (VET) Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Emerging Small Business (ESB) Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disadvantaged Veteran Business Enterprise (DVET) Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Physically Challenged Business Enterprise (PBE) Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please select the box that best applies to you (Check only one box):		
<input type="checkbox"/> African American	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Hispanic
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Caucasian	

NV State Business License Number (if applicable): NV _____ Expires: ____/____/____

Clark County Business License Number (if applicable): _____ Expires: ____/____/____

Signature: _____ Application Date: ____/____/____

Please email your completed application to tharper@clarkcountynv.gov.

QUESTIONS? Call [\(702\) 455-3092](tel:7024553092).

Are you registered in the new supplier database for Clark County? Visit ngemnv.com to register your business.